

ELECTRICAL WORK PERMIT REFUND REQUEST

Mail to L&I office where permit was obtained.

Refund must be requested by individual who purchased permit

Approved refund will be mailed in 2-3 weeks

Refund to be made payable to: Please type or print – press firmly					Refund Code 095 02 29 07		
Name							
Address					Amount of refund		
City State ZIP+4				\$			
			Elect	rical Co	ntractor's License	: #	
COPY OF ELECTRICAL WORK PERMIT REQUIRED			CREI	CREDIT MY ACCOUNT YES NO			
			\$11.10 processing fee charged for all refunds.				
Please type or print – press firmly Name of applicant requesting refund			Electrical Work Permit # Amount being requested				
Name of approximatequesting retains			Breenieur Work Fernie "				
Reason applicant requesting refund						\$	
Townson approximate the second							
Data of manual Street and Street							
Date of request Signature of applicant							
INSPECTOR'S APPROVAL							
Inspector's name			Full approval Partial approv			In the amount of	
						\$	
Comments							
Service location Date of approval Inspector's title Inspector				signature			
Date of approval hispector's title			nspector 5	orginatur c			
	l m	110	•				
Approval Date Electrical Field Supervisor's signature							
□ No							
Data namitl	Warrant #	Date warran	t meiled	A 124h = 22	zod gignoture		
FISCAL USE ONLY	vv arraint #	Date Warran	it maned	Aumoriz	zed signature		